## EXHIBIT C

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	
NOTE: This form should not be used to make a claim for an admini of the case. A "request" for payment of an administrative expense materials.		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  BOSWORTH 1988 TRUST		
Name and address where notices should be sent:  ROBERT C. LEPOME  10/20 S. EASTERN # 200  HENDERSON, NV 89052  Telephone number: (702) 492-127/	Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPICE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 5433	Check here replaces if this claim amends a previously fil	ed claim, dated:
1. Basis for Claim  GENERAL UNSE  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other  NECLICENCE & FRAUD	Retiree benefits as defined in Wages, salaries, and compens Last four digits of your SS #. Unpaid compensation for ser from	ation (fill out below)
2. Date debt was incurred: JAN 1, 2005  TO APRIL 12, 2006	3. If court judgment, date obtained	l <b>.</b>
Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of wentitled to priority.  Amount entitled to priority \$	Brief Description of Collater  Real Estate  Motor  Value of Collateral: \$	Vehicle Other
Specify the priority of the claim:  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(	Up to \$2,225* of deposits toward pu or services for personal, family, or he § 507(a)(7).	rchase, lease, or rental of property ousehold use - 11 U.S.C.
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4).  ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	or's Utilet - Specify approache paragraph  *Amounts are subject to adjustment on 4i	of 11 U.S.C. § 507(a)().  1/07 and every 3 years thereafter
<ul> <li>Total Amount of Claim at Time Case Filed:</li> <li>Check this box if claim includes interest or other charges in add</li> </ul>		priority) (Total) ch itemized statement of all
interest or additional charges.  6. Credits: The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
<ol> <li>making this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluments are voluments are voluments.</li> </ol>	ncts, court judgments, mortgages, secul D ORIGINAL DOCUMENTS. If the	FILED DEC 0 4 200
8. Date-Stamped Copy: To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.		
Date Sign and print the name and title, if any, of the file this claim (attach copy of lower of attor 2-04-06)	the creditor or other person authorized to many if any):  BARH 1980	USA CMC

Case ub-10725-gwz D0c 8445				Page 3 01 II
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAI	IM	-
Name of Debtor	Case Ni	Case Number		
USA Commercial Mortgage Co.		-10725 (LF	312)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of		Check box if you are aware that anyone else he	as	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relati your claim Attach copy o statement giving particula	of	
		Check box if you have		
Hannah Brehmer 188 Beacon Hill Dr.		never received any notice from the bankruptcy court BMC Group in this case	es tor DONOTF	ILE THIS PROOF OF CLAIM FOR A
Ashland or 97520		Check box if this addidiffers from the address of envelope sent to you by the	one of T	HE DEBTORS ave already filed a proof of claim with the y Court or BMC you do not need to file again
Creditor Telephone Number (54) - 324- 9538		court	THIS	SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of 184 or 990	debtor	of this claim	replaces or a prev amends	viously filed claim dated
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11	USC § 1114	(a) Unremitted principal
Goods sold Personal injury/wrongful death Taxes		salaries and compensat	tion (fill out belo	w) Other claims against servicer (not for loan balances)
Money loaned		compensation for service	es performed fro	om to
2 DATE DEBT WAS INCURRED 2005 - Am I - Tuly	2 IE C	OURT JUDGMENT, DA	TE ORTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxed that		the state of the s		<del></del>
See reverse side for important explanations		SECURED CLAIN	A	
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b)	your claim			s secured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	our claim is	a right of setol	iff) ion of collateral	
UNSECURED PRIORITY CLAIM			te  Motor \	/ehicle
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Colla		
Amount entitled to priority \$ Specify the priority of the claim		Amount of arreara secured claim, if a	nge and other chany \$ 248	narges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits	s toward purchase	e lease or rental of property or luse 11 U.S.C. § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	, E	Taxes or penalties owed	to governmental	units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L			USC § 507(a) () /1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	000	with respect to cases con	mmenced on or a	fter the date of adjustment
AT TIME CASE FILED (unsecured)	298 <sub>, :</sub>	5 69	( priority)	3 498,569 - (Total)
Check this box if claim includes interest or other charges in addition to the	,	· · · · · · · · · · · · · · · · · · ·	**	,
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments mortgages security at	agreement	s and evidence of perfe	ection of lien D	ors, invoices itemized statements of NOT SEND ORIGINAL
BOCUMENTS If the documents are not available, explain If the d  B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				ressed envelope and copy of this
The original of this completed proof of claim form must be sent	t by mail o	or hand delivered (FAX	ES NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c	, prevailir corporatio	ng Pacific time, on Now ons, joint ventures, trus	ember 13, 2009 ets and	USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVER	RY TO	
Attn USACM Claims Docketing Center P O Box 911	Attn USA	CM Claims Docketing C	Center	
El Segundo CA 90245-0911		t Franklin Avenue do CA 90245		La MAN 1 A 2ANA
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	nev af anv\	•	file	FILED NOV 1 4 2006
Mor 8, 7006   Herral Bres Hannah B	love	2		USA CMC
Hannah B	reh	mer		1072501445

## 

**FORM B10** (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DISTRICT	OF NEVADA	PROOF OF CLAIM		
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S 06-10725-LBR	RECEIVER		
NOTE: This form should not be used to make a claim for an administrative expense of the case. A "request" for payment of an administrative expense may be filed pur	suant to 11 U.S.C. § 503.	4 13 3 #1 1/1 ,02		
Name of Creditor (The person or other entity to whom the debtor owes money or property):  CARDWELL FAMILY TRUST C/O JAMES B. CARDWELL & REBA JO	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	1. 6. NAMES OF POTES DESCRIPTIONS		
Name and address where notices should be sent:  c/o Michael J. Dawson, Esq. 515 South Third Street Las Vegas, NV 89101  Telephone number: (702) 384-1777  Account or other number by which creditor identifies debtor:	Check box if you have never received any notices from the bankruptcy court in this case.  Check box if the address differs from the address on the envelope sent to you by the court.  Check here replaces a previously	This space is for court use only		
s31670  1. Basis for Claim  Goods sold	if this claim amends a previous.  Retiree benefits as defined in 11 U.S.C. Wages, salaries, and compensation (fil	C. § 1114(a)		
Services performed Money loaned Personal injury/wrongful death Taxes Other	Last four digits of SS #:  Unpaid compensation for service from to	•		
2. Date debt was incurred: Various	3. If court judgement, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$\frac{\$2,329.94}{\text{(unsecured)}} \frac{\$3,224,465.88}{\text{(secured)}} \frac{\$3,226,795.82}{\text{(priority)}} \frac{\text{(Total)}}{\text{(Total)}}\$  If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
5. Secured Claim.	7. Unsecured Priority Claim.  Check this box if you have an uns	secured priority claim		
Check this box if your claim is secured by collateral (including a right of setoff).	Amount entitled to priority \$ Specify the priority of the claim:			
Brief Description of Collateral:  Real Estate  Motor Vehicle Other	Wages, salaries, or commissions days before filing of the bankrup debtor's business, whichever is ear			
Value of Collateral: \$ Unknown  Amount of arrearage and other charges at time case filed included in	Up to \$2,225* of deposits toward	nefit plan - 11 U.S.C. § 507(a)(4). d purchase, lease, or rental of family, or household use - 11 U.S.C.		
secured claim, if any: \$ 6. Unsecured Nonpriority Claim \$ \$2,329.94	Alimony, maintenance, or suppo or child - 11 U.S.C. § 507(a)(7).	rt owed to a spouse, former spouse		
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Other - Specify applicable paragr	rammental units - 11 U.S.C. § 507(a)(8). raph of 11 U.S.C. § 507(a)().  4/1/07 and every 3 years thereafter with n or after the date of adjustment.		
8. Credits: The amount of all payments on this claim has been credited and deduthis proof of claim.	ucted for the purpose of making	This space is for court use only		
9. Supporting Documents: Attach copies of supporting documents, such as orders, invoices, itemized statements of running accounts, contracts, court judge agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DO not available, explain. If the documents are voluminous, attach a summary.	ements, mortgages OCUMENTS. If the documents are			
10. Date-Stamped Copy: To receive an acknowledgement of the filing of you addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, of this claim (attach copy of power of attorne)  11-13-06  Sign and print the name and title, if any, of this claim (attach copy of power of attorne)  M		USA CMC		

<b>\$</b> \$280	Case	06-10725-gwz	Doc 8445	3 En	tered 06/13/11 1	L6:01:20 Pag	ge 5 of 11
				PRO	OOF OF CLAI	М	
Na	me of Debtor			Case Nu	ımber		
NO	TE See Reverse for Lists form should not be used	t of Debtors and Case No	umbers	)	Check box if you are		
arıs	ing after the commencer ninistrative expense may ime of Creditor and	nent of the case A "requipe filed pursuant to 11 L	est" for payment	of an	aware that anyone else ha filed a proof of claim relati to your claim Attach copy	y of REC'D	SEP 2 5 2006
140	CHARLES T FAMILY TRU	MASTERS & SANDRA JST DATED 10/9/92 A O MASTERS TRUSTE		1	statement giving particular  Check box if you have never received any notices from the bankruptcy court BMC Group in this case	e s or <b>DO NOT FILE T</b> I	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
		GE PKWY # 550	<b>- L-</b>		Check box if this addr differs from the address or envelope sent to you by th	ress n the If you have all	
	ditor Telephone Number				court		E IS FOR COURT USE ONLY
Las	t four digits of account or	other number by which	creditor identifies	debtor	if this claim	replaces or a previously	y filed claim dated
1 E	SASIS FOR CLAIM			Retiree b	penefits as defined in 11	USC § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wro	ongful death		salaries, and compensat		Other claims against service
	Services performed	Taxes		•	digits of your SS #		(not for loan balances)
	Money loaned	Other (describe bri	efly)	Unpaid o	compensation for service	es performed from	to (date) (date)
	ATE DEBT WAS INCUR			3 IF C	OURT JUDGMENT, DA	TE OBTAINED	
4 (	LASSIFICATION OF CL ee reverse side for important	AIM Check the appropria	ate box or boxes that	t best descri	be your claim and state the	amount of the claim at	the time case filed
1	SECURED NONPRIORIT	•			SECURED CLAIM	İ	
	Check this box if a) there is	s no collateral or lien securion operty securing it, or if c) no	ng your claim or b)	your claim our claim is	a right of setof	f)	red by collateral (including
UN	SECURED PRIORITY CL	AIM			Bnef description		
	Check this box if you have entitled to priority	an unsecured claim all or p	art of which is		L⊿ Real Estate  Value of Collat	e D Motor Vehicle	Other
	Amount entitled to priority	\$			Amount of arrearac	e and other charges	at time case filed included in
	Specify the priority of the cl	aım			secured claim, if ar	ny \$	acamo caso moa moada m
	Domestic support obligation	ns under 11 U S C § 507(a)	(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits	toward purchase lease	or rental of property or
	Wages salaries, or commis before filing of the bankrupt business whichever is earli	tcy petition or cessation of the	ned within 180 days ne debtor's		services for personal fam Taxes or penalties owed	nily or household use -1	1 U S C § 507(a)(7)
	Contributions to an employe		§ 507(a)(5)		Other - Specify applicable  * Amounts are subject to with respect to cases con	adjustment on 4/1/07 ar	nd every 3 years thereafter
5 T	OTAL AMOUNT OF CLA	MM \$	\$	425,0	00 \$		\$
	AT TIME CASE FILED  Check this box if claim inclu	(unsect udes interest or other charg	•	•	ecured)	( priority)	(Total) f all interest or additional charges
6 (							
7 5	CREDITS The amount of UPPORTING DOCUMENTS. If the documents, contractions of the documents.	MENTS <u>Attach copies o</u>	f supporting docu	ments, su	ch as promissory notes,	purchase orders, inv	oroos storement statements of
8 C	PATE-STAMPED COP proof of claim						envelope and copy of this
	The onginal of this comp ACCEPTED) so that it is or each person or entity	actually received on or	r before 5 00 pm.	prevailing	Pacific time on Nove	mhor 12 2006	THIS SPACE FOR COURT USE ONLY
E	overnmental units) BY MAIL TO BMC Group	-		BY HAND O	OR OVERNIGHT DELIVERY	<b>Y</b> ТО	Filed Date
E	Attn USACM Claims Doci P O Box 911 El Segundo, CA 90245-09			1330 East	CM Claims Docketing Ce Franklin Avenue o, CA 90245	enter	Filed Date 9/25/2000
DAT	E S	SIGN and print the name a	nd title if any of the	creditor or		file	
	9-22-06	this claim (attach con	oy of power of attorn	ey if any)			USA CMC
Pena	alty for presenting fraudulent	claim is a fine of up to \$500	000 or imprisonmen	at for up to 5	years or both 1811SC	££ 152 AND 2574	1072500227

		area area			
	ES BANKRUPTCY GOURT RICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor		Case Nu	ımber		
	MERCIAL MORTGAGE CO	06	- 10725-182	i	
This form should not be use arising after the commence administrative expense may	st of Debtors and Case Numbers ad to make a claim for an administrative ment of the case A request for paym y be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor an	d Address		statement giving particulars	!	
CLAWITER 1620 Colci	ASSOCIATES LLC KESTER ST CA 94506		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	SECURED INTER	IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
			Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
	or other number by which creditor identif	ies debtor	Check here replace or f this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		salaries and compensation (		Other claims against service
Services performed	Taxes		r digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid	compensation for services per	formed from	to (date) (date)
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
	LAIM Check the appropriate box or boxes				he time case filed
UNSECURED NONPRIOR			SECURED CLAIM		
Check this box if a) there	e is no collateral or lien securing your claim oproperty securing it or if c) none or only part		a right of setoff)  Brief description of		red by collateral (including
UNSECURED PRIORITY C	CLAIM		Real Estate	_	Other
Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Value of Collateral	\$	GOOD
Amount entitled to priority	\$				at time case filed included in
Specify the priority of the	claim		secured claim if any	\$	
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(	(B)	Up to \$2 225* of deposits toward	rd purchase lease	or rental of property or
before filing of the bankru	nissions (up to \$10 000)* earned within 180 optoy petition or cessation of the debtor's or left 11 U.S.C. § 507(a)(4)	days	services for personal family of Taxes or penalties owed to go		
l	byee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are sub act to adjus		•
			with respect to cases commen		date of adjustment
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	·	\$ 225	5,000 \$		\$ 253805.
SEE ATTAC	Han Sheeks (unsecured)		secured)	( priority)	(Total)
Lineck this box if claim inc	cludes interest or other charges in addition	to the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges
7 SUPPORTING DOCU	of all payments on this claim has been IMENTS <u>Attach copies of supporting of</u> acts court judgments mortgages secur	documents, su	uch as promissory notes pure	hase orders inv	oices itemized statements of
8 DATE-STAMPED CO	ocuments are not available explain If t  PY To receive an acknowledgment of				envelope and copy of this
proof of claim					
ACCEPTED) so that it if for each person or entited	mpleted proof of claim form must be is actually received on or before 5 00 ity (including individuals, partnership	pm, prevailir	ng Pacıfic tıme, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO		
BMC Group Attn USACM Claims Do P O Box 911	ocketing Center	BMC Gro Attn USA			ED NOV 1 4 2006
El Segundo CA 90245-	0911		do CA 90245		
DATE	SIGN and print the name and title if any		r other person authorized to file		ļ.
11/10/06	this claim (attach copy of power of a	attorney if any) Komme	el		USA GMC
Penalty for presenting frauduler	nt claim is a fine of up to \$500 000 or impriso	nment for up to	5 years or both 18 U.S.C. 88	152 AND 3572	1072501437

ORM B10	(Official Form	10)	(10/05)
---------	----------------	-----	---------

United States Bankruptcy Court	District OF Nevada	
	DITIER OF NEVAGG	PROOF OF CLAIM
Name of Dubtor U.S.A Commercial Mortgage Co	Case Number	10
DIA BITTIES OF THE STATE OF THE	06-10725-LB	
NOTH This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense in	istrative expense arising after the commencement	nt
	ay be filed pursuant to 11 0 3 C \(\gamma\) 10	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
debtor owes money or property) Shirley M Collins,	else has filed a proof of claim relating t your claim. Attach copy of statement	.0
trustee as her sove asepalate property	giving particulars	
Name and address where nonces should be sent	Check box if you have never received a	ıny
	notices from the bankruptcy court in the	ns
1975 Snow perry Chart	Check box if the address differs from the	ıe
Shirley M Collins Court 1975 Snow berry Court Telephone minner, Ca 92-009	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here V replaces	THE DIRECTION COOK OF CALL
identifies debtor		filed claim dated 12-15-06
1 Basis for Claim		
Goods sold	Retiree benefits as defined	
Services performed	Wages salaries and compe Last four digits of your SS	
Money loaned	Unpaid compensation for s	
Personal injury/wrongful death	from	to
Other See exhibit A	(date)	(date)
2 Date debt was incurred	3 If court judgment, date obtain	
12-16-2803	3 If court judgment, date obtain	ned .
4 Classification of Claim Check the appropriate box or boxes the	get heet desembe vous element and easte the	
Too levelse side for important explanations	_	ant of the claim at the time case filed
Unsecured Nonpriority Claim \$	Secured Claim	
Check this box if a) there is no collateral or lien securing you	claim, or a right of setoff)	m is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	
Unsecured Priority Claim	Dilei Description of Colla	
1 ( <del></del>		or Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority		
Amount entitled to priority \$	secured claim if any \$ 15.	harges at time case filed included in
•		
Specify the priority of the claim	Up to \$2 225* of deposits toward	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) of	or services for personal family or § 507(a)(7)	household use - 11 U S C
	Towar an annula an annula	mental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the hankruintcy petition or cessation of the dake	Other - Specify applicable paragra	
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 USC § 507(a)(4)	*Amounts are subject to adjustment on	
Contributions to an employee benefit plan 11 USC § 507(a)		n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		1 Brusses
	7	(priority) (Foral)
Check this box if claim includes interest or other charges in add interest or additional charges	ition to the principal amount of the claim. At	tach itemized statement of all
6 Credits The amount of all payments on this claim has been	credited and ded and 15 and	
making this proof of claim		THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docume	nts. Such as promissory notes, purchase	1
made invoices itemized statements of funning accounts contra	cts court undersonte montana	
and evidence of perfection of the 130 NOT CENT	ODICINIAL DOCUMENTO 10.1	. 4 4 200
are not available, explain if the documents are volum	NOOUS attach a cummany	FILED JAN 11 209
8 Date-Stamped Copy To receive an acknowledgment of the fili addressed envelope and copy of this proof of claim	ng of your claim, enclose a stamped self-	LILLU S
Date Sign and print the name and title if any of the	e creditor or other nerson and a	
tall the state of	ley if any)	
Thirty M. Collins, To	astoc.	USA CMC
Parato for many		

Case 06-10725-gwz FORM B10 (Official Form 10) (10/05) Doc 8445-3 Entered 06/13/11 16:01:20 Page 8 of 11 Nevada UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada **PROOF OF CLAIM** Name of Debtor Case Number USA Capital Mortgage Company, Inc E-Filed 8-9-06 BK-S-06-10725-LBR NOTE This form should not be used to make a claim for an administrative expense arising after the commencement

of the vast it request for paymont of all administrative expense may be	mon pursua	unwii osc g.	303	1
Name of Creditor (The person or other entity to whom the debtor owes money or property)  JAMES CORISON	els yo	e has filed a pro-	re aware that anyon of of claim relating copy of statement	ne s to
Name and address where notices should be sent			1	
JAMES CORISON			ave never received inkruptcy court in t	
PO BOX 21214	cas		inkruptcy court in t	nis
RIVERSIDE, CALIFORNIA 92516				
,			ldress differs from	
Tolombono mumban			elope sent to you by	Y THIS SPACE IS FOR COURT USE ONLY
Telephone number		court		
Last four digits of account or other number by which creditor	Ch	eck here 🔲 re	eplaces	
ıdentıfies debtor	ıft	hıs claım 🔲 aı	mends a previously	filed claim, dated
1 Basis for Claim		Retiree 1	enefits as defined	ın 11 U S C § 1114(a)
Goods sold				ensation (fill out below)
Services performed		Last four	r digits of your SS	#
Money loaned		Unpaid	compensation for s	#ervices performed
Personal injury/wrongful death				
Taxes			(date)	to
Other			()	(4410)
2 Date debt was incurred 11/24/2003	3	If court judg	gment, date obtair	ned
4 Classification of Claim Check the appropriate box or boxes that	best desc	ribe your claim	and state the amou	nt of the claim at the time case filed
See reverse side for important explanations		Secured Clau		
Unsecured Nonpriority Claim \$				
				is secured by collateral (including
Check this box if a) there is no collateral or lien securing your	claım, or	a right of setof	f)-	
b) your claim exceeds the value of the property securing it, or if c) n	one or			
only part of your claim is entitled to priority			escription of Collat	
Unsecured Priority Claim			Estate  Moto	
Check this box if you have an unsecured claim, all or part of whic	h .a	Value of	Collateral \$ 1,02	3,000 00
entitled to priority	11 15	Amount of ar	rearage and other ch	arges at time case filed included in
Amount entitled to priority \$		secured claim		
		secured clair	п, п апу э	
Specify the priority of the claim.		Up to \$2,225*	of deposits toward	purchase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(I)(A) or	r	or services for	personal, family, o	r household use - 11 U S C
(a)(1)(B)		§ 507(a)(7)		
l	$\sqcup$	Taxes or penaltr	es owed to governm	nental units - 11 U S C § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned within	n 180∐	Other - Specify	applicable paragra	ph of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debto	r's *An	ounts are subje	ct to adjustment on	4/1/07 and every 3 years thereafter
business, whichever is earlier - 11 USC § 507(a)(4)		with respect to	cases commenced	on or after the date of adjustment
Contributions to an employee benefit plan - 11 U S C § 507(a)(	(5)	•		and any and and of any and and any
5 Total Amount of Claim at Time Case Filed	S		1,023,000 00	1,023,000 00
	<b>"</b> –	(unsecured)		
Check this box if claim includes interest or other charges in add	lition to th		int of the claim At	(priority) (Total)
interest or additional charges		e principal anot	ant of the claim. At	tach itemized statement of an
6 Credits The amount of all payments on this claim has been cr	edited and	deducted for th	e numose of	
making this proof of claim	WI	- accepted IVI (I)	o parpose or	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting document	nte ench -	c nromisser	ton murchae	
orders, invoices, itemized statements of running accounts, contract	to, such a	s promissory no	es, purchase	$C \cup \{1, 1, 1, \dots, n\}$
agreements, and evidence of perfection of hen DO NOT SENI	a, waii jii	agments, mongag	ges, security	filed date
documents are not available, explain If the documents are volu		HAL DUCUME	NIS II the	
				filed date 8 la 106
8 Date-Stamped Copy To receive an acknowledgment of the fi	ling of yo	ur claım, enclose	a stamped, self-	•
addressed envelope and copy of this proof of claim				
Date Sign and print the name and title if any of the	creditor o	or other person a	uthorized to	USA CMC
file this claim attach copy of power of attorne	y, if any)			ALA AL LIB IN INDEBINA DE DE DE DE LE
1/106 Harries Maso	21 /	James Co	orison	1072500092
Penalty for presenting fraudulenclaim Fine of up to \$500,000 or imprisor	ment for u	n to 5 years, or hot	th 18 U.S.C. 88 152	and 3571
		/	33 132	American LegalNet, Inc

United States and Stat	PRO	OOF OF CLAIM			
Name of Debtor	Case Nu	mber			
LI SA CONMERCIAL MORTGAGE		6-10725 (LBR)			
NOTE. See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative earling after the commencement of the case. A "request" for payment of the Case.		Check box if you are aware that anyone else has filed a proof of claim relating to			
administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address:		your claim. Attach copy of statement giving particulars.			
HOWARD L. CRAIG, TRUSTEE		Check box if you have never received any notices			
FRANKYEDERAIG, TRUSTEE		from the bankruptcy court or BMC Group in this case		68 PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS N	ют
FRANKYEDERAIG, TRUSTEE CRAIG FAMILYTRUST DTD 8/10/20 1735 CAUGHIN CREEK RD RENO. NV 89519		Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	ready filed a proof of claim with the to BMC you do not need to file aga	nirs.
Creditor Telephone Number ( ) Last four digits of account or other number by which creditor identifie		court.	THIS SPAC	E IS FOR COURT USE ONLY	
Dask four digits or account of other fourther by which creditor identified	es deblor	Check here replace or if this claim amen	a previousi	y filed claim dated	
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U.S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Taxes  Money loaned Other (describe briefly)	Last four	salaries, and compensation ( digits of your SS #		Other claims against servi (not for loan balances)	icer
Money loaned  Other (describe briefly)  INTEREST AND PRINCIPA	∠ Unpaid o	compensation for services pe	rformed from:	(date) to (date)	
2. DATE DEST WAS INCURRED:		OURT JUDGMENT, DATE O			
CLASSIFICATION OF CLASSIF. Check the appropriate box or boxes in See reverse side for important explanations.	that best descr	be your claim and state the amo	unt of the claim at	the time case filed	
UNSECURED NONPRIORITY CLAM \$		SECURED CLAIM			
Check this box if a) there is no colleberal or lien securing your claim or		) <del>[ ]</del>	our claim is secu	red by colleteral (including	
exceeds the value of the property securing it, or if c) none or only part or entitled to priority	f your claim is	a right of setoff)  Brief description of	colleteral		
INSECURED PRIORITY CLAIM		Real Estate		Other	ı
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$		_
Amount entitled to priority \$		Amount of arrearage as secured claim, if any		at time case filed included in	I
Specify the priority of the clarm  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B)	s, r-				
Wages, salaries, or commissions (up to \$10,000)* earned within 180 da		Up to \$2,225* of deposits town services for personal, family of			
before filing of the benkupby patition or casellion of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)		Texas or penalties owed to go			
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable per	-	*	
		* Amounts are subject to adju- with respect to cases commer			
5. TOTAL AMOUNT OF CLAIM \$ (Inches Guest up to	,	000.00 \$		\$	_
(nusecrusq),	•	secured)	( priority)	(Total)	
Check this box if claim includes interest or other charges in addition to					
6. CREDITS: The amount of all payments on this claim has been of SUPPORTING DOCUMENTS. Attach copies of supporting of					
running accounts, contracts court judgments, mortgages, securi	ity agreement	s and evidence of perfection	of lien DO NO	OT SEND ORIGINAL	
DOCUMENTS If the documents are not available explain if the 8. DATE-STAMPED COPY. To receive an acknowledgment of proof of claim.				d envelope and copy of this	
The original of this completed proof of claim form must be s	ent by mail	or hand delivered (FAXES N	TOI	THIS SPACE FOR COURT	_
ACCEPTED) so that it is actually received on or before 5 00	pm prevailii	ng Pacific time on Novemb	er 13 2006	USE ONLY	
for each person or entity (including individuals partnership: governmental units)	-	-		1	
BY MAIL TO- BMC Group	BY HAND BMC Gro	<b>OR OVERNIGHT DELIVERY TO</b> Up	<b>&gt;</b>		
Attn USACM Claims Docketing Center	Attn US	ACM Claims Docketing Cente	er	FILED DEC 11	2
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue do CA 90245			٠ ٢
DATE SIGN and print the name and title, if any o	of the creditor of	r other person authorized to file	~	1	
this claim (attach copy of power of a	ttomey if any)	Franke Olsa	Must	Ee .	

FORM B10 (Official Form 10) (10/05)

Hallen Court Day Property Court	D	TOKE	OF	Marrada	
UNITED STATES BANKRUPTCY COURT		TRICT	OF_	Nevada	PROOF OF CLAIM
Name of Dubtor	1	Number			
USA Commercial Mortgage Compa	} (	)6-	107	25- LBR	
NOTF This form should not be used to make a claim for an adminis					
of the case. A request for payment of an administrative expense ma	y be filed	pursuan	t to !	II USC \$ 503	
Name of Creditor (The person or other entity to whom the				u are aware that anyone	
debtor owes money or property)				roof of claim relating to	
Darlene Hammond trustee of the	, -	r ciaim ng parti		s ch copy of statement	
Dar Living trust dated 2/12/03		٠.		u have never received any	
Name and address where notices should be sent  Darlene Harmmond	noti	ces from		bankruptcy court in this	
308 La Rus Ct	Case		ıf the	address differs from the	1
Las VEGGS. NV 89145				nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 702-240-2425		court.			THIS DEALT IS TOR COOK! C'S ON!
Last four digits of account or other number by which creditor identifies debtor		ck here is clain		replaces amends a previously file	ed claim, dated
1 Basis for Claim				ee benefits as defined in	
Goods sold Services performed				es salaries and compens four digits of your SS #	
Money loaned				and compensation for serv	
Personal injury/wrongful death			from		to
Taxes SEE Exhibit A				(date)	(date)
<u> </u>	3.	If on	us set s	udgment, date obtained	
2. Date debt was incurred	3.	11 00	mtr 1	addineur, date obtainer	i
4 Classification of Claim Check the appropriate box or boxes th	at best des	cribe y	оиг с	laim and state the amount	of the claim at the time case filed
See reverse side for important explanations		Sect	ured	Claim	
Unsecured Nonpriority Claim \$ 164688 50		Ø	Ch	ack this how if your closes	s secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	r claım, or	a rig	ght of	f setoff)	a secured by condicial (including
only part of your claim is entitled to priority	none or		Bri	ef Description of Collater	al
Unsecured Priority Claim		1	Service 1	Real Estate Motor	
	uhuah sa	1	-	ue of Collateral \$_UN	<b>1</b> 1
Check this box if you have an unsecured claim all or part of we entitled to priority	VIIIÇII IS	Amo	ount o	of arrearage and other cha	rges at time case filed included in
Amount entitled to priority \$		secu	red c	laım, ıf any \$ 2444	69
Specify the priority of the claim	П	Up to	\$2.22	25* of deposits toward pu	rchase, lease or rental of property
Domestic support obligations under 11 U S C & 507(a)(1)(A) o		or serv	vices	for personal family, or ho	ousehold use - 11 U S C
(a)(1)(B)	" 	§ 5076			
Wages salaries, or commissions (up to \$10 000),* earned within	n 180		-	_	ntal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U S C \$ 507(a)(4)	or's		•		of 11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C § 507(a	,				1/07 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		16.41	PR	50 1646850	1468850
	•	(unsec	ured)	(secured) (	priority) (Total)
Check this box if claim includes interest or other charges in additional charges	tition to th	e princ	ıpal a	amount of the claim Attac	th itemized statement of all
6 Credits The amount of all payments on this claim has been	credited a	nd ded	ucteo	for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim					
7 Supporting Documents Attach copies of supporting documents orders invoices the mixed eleterments of grounds accounts accounts	ents such	as pron	nisso	ry notes, purchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	acts, court	Judgme	ents, i	mortgages, security	
documents are not available explain. If the documents are value	minous of	haah a a			4 0000
8. Date-Stamped Copy To receive an acknowledgment of the fi	ling of you	ır claım	, enc	lose a stampeli, sel	IN 11 2007
Date Sign and print the name and title if any of t					
file this claim (attach copy of power of attor	mev. if any	v)			
1/10/07 Darken-Hammond trustes of th	2 Das	Livi	ing		I ISA CMC
Mar De Hammer				2112/03	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	ımprisonn	ent for	un te	o 5 years or both 1811	1072502045

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	r
	PROOF OF CLAIM	
Name of Dublor USA Commerical Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an admin of the cise. A request for payment of an administrative expense in	nistrative expense arising after the communicement may be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) David A Gean Revocable Trust dated 4/3/92 c/o Marsha Kendall Trustee  Name and address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any	
Marsha Kendall, Trustee 6615 E Pacific Coast Hwy #260 Long Beach CA 90803-4228	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by	
Telephone number 562-430-3167  Last four digits of account or other number by which creditor	the court  Check here  replaces	THIS SEACE IS FOR COURT USE ONLY
identifies debtor  1 Basis for Claim	if this claim amends a previously filed of	
Goods sold Services performed  ✓ Money loaned Personal injury/wrongful death  Taxes ✓ Other See exhibit "A"	Retiree benefits as defined in 11  Wages salaries and compensation Last four digits of your SS #  Unpaid compensation for service  from	on (fill out below)
2 Date debt was incurred August 2004	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations	İ	
Unsecured Nonpriority Claim \$ 255,892 98  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	Secured Claim	
Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of wentitled to priority	✓ Real Estate ☐ Motor Veh Value of Collateral \$ <u>unkno</u>	own D
Amount entitled to priority \$	Amount of arrearage and other charges secured claim if any \$_4,513 43	at time case filed included in
Specify the priority of the claim	Up to \$2 225* of deposits toward purcha	se lease or rental of property
Domestic support obligations under 11 U S C $\S$ 507(a)(1)(A) or (a)(1)(B)	§ 507(a)(7)	hold use - 11 USC
Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C § 507(a)(4)	or s Green - Specify applicable paragraph of I	IIUSC § 507(a)()
Contributions to an employee benefit plan - 11 U S C § 507(a)	*Amounts are subject to adjustment on 4/1/07 with respect to cases commenced on or af	and every 3 years thereafter Ter the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$ 255,892 98 255,892 98	255,892 98
Check this box if claim includes interest or other charges in additional charges	(unsecured) (secured) (prior tition to the principal amount of the claim Attach ite	nty) (Total) emized statement of all
6 Credits The amount of all payments on this claim has been a making this proof of claim	credited and deducted for the purpose of This	SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documer orders invoices itemized statements of running accounts, contract	nts, such as promissory notes purchase	
documents are not available explain. If the documents are volum  Bate-Stamped Copy To receive an acknowledgment of the file.	O ORIGINAL DOCUMENTS If the	D JAN 1 0 2007
Date Sign and print the name and title if any of the	A graditar or all and	
1-9-2007  file this claim (attach copy of power of attorn  Malle Kendall	ley, if any)	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or 11	imprisonment for up to 5 years or both 181150	1072502006